



# Arkansas Department of Human Services

## Division of Medical Services

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### PROPOSED - OFFICIAL NOTICE

<b>DMS-2005-A-1</b>	<b>DMS-2005-CA-1</b>	<b>DMS-2005-II-1</b>	<b>DMS-2005-KK-1</b>
<b>DMS-2005-AR-1</b>	<b>DMS-2005-Z-1</b>	<b>DMS-2005-L-1</b>	<b>DMS-2005-R-1</b>
<b>DMS-2005-HH-1</b>	<b>DMS-2005-X-1</b>	<b>DMS-2005-SS-1</b>	<b>DMS-2005-Y-1</b>
<b>DMS-2005-G-1</b>			

**TO:** Health Care Provider – Ambulatory Surgical Center; ARKids First; Certified Registered Nurse Anesthetists (CRNA); Child Health Services (EPSDT); Critical Access Hospital; End Stage Renal Disease Facility; Family Planning; Federally Qualified Health Center (FQHC); Hospital; Independent Labs; Nurse Practitioner; Physician and Rehabilitative Hospital

**DATE:**

**SUBJECT:** 2005 CPT Procedure Code Conversion

#### I. General Information

A review of the CPT 2005 procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT 2005 procedure codes for dates of service on and after **April 1, 2005**. Please add this information to your Medicaid provider manual until revised manual sections have been included in future manual updates.

Procedure codes that are identified as deletions in the CPT 2005 (Appendix B) are **non-payable** for dates of service on and after April 1, 2005.

#### II. Non-Covered CPT 2005 Procedure Codes

A. The following are new CPT 2005 procedure codes for services that are not presently covered. Coverage of these codes is not being added.

<b>32855</b>	<b>32856</b>	<b>33933</b>	<b>33944</b>	<b>44715</b>
<b>44720</b>	<b>44721</b>	<b>47143</b>	<b>47144</b>	<b>47145</b>
<b>47146</b>	<b>47147</b>	<b>48551</b>	<b>48552</b>	<b>50323</b>
<b>50325</b>	<b>50327</b>	<b>50328</b>	<b>50329</b>	<b>88188</b>
<b>88189</b>	<b>90465</b>	<b>90466</b>	<b>90467</b>	<b>90468</b>
<b>90656</b>	<b>94452</b>	<b>94453</b>	<b>97810</b>	<b>97811</b>
<b>97813</b>	<b>97814</b>			

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**DMS-2005-G-1**  
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- B. The following are new CPT 2005 procedure codes for services that are not presently covered for outpatient hospital and ambulatory surgical center providers. Coverage of these codes is not being added for outpatient hospital and ambulatory surgical center providers.

<b>11008</b>	<b>19297</b>	<b>31620</b>	<b>31637</b>	<b>34803</b>
<b>36476</b>	<b>36479</b>	<b>57267</b>	<b>63295</b>	

- C. All CPT 2005 procedure codes listed in **Category II** and **Category III** are temporary procedure codes for services not currently provided. Coverage of these codes is not being added.

III. Prior Authorization

Effective for dates of service on and after April 1, 2005, the following CPT procedure codes require prior authorization for all approved types of service:

<b>27412</b>	<b>27415</b>	<b>29866</b>	<b>29867</b>	<b>29868</b>
<b>43257</b>	<b>43644</b>	<b>43645</b>	<b>43845</b>	

IV. Replacement Procedure Codes

CPT procedure codes **78990** and **79900** have been deleted from CPT 2005. Effective for dates of service on and after April 1, 2005, when services represented by the deleted CPT procedure codes are furnished, providers must use the following HCPCS procedure codes, as applicable, when filing claims.

<b>A9500</b>	<b>A9502</b>	<b>A9503</b>	<b>A9504</b>	<b>A9505</b>
<b>A9507</b>	<b>A9508</b>	<b>A9510</b>	<b>A9600</b>	<b>A9605</b>

V. CPT 2005 Procedure Codes Manually Reviewed

Effective for dates of service on and after April 1, 2005, the CPT procedure codes listed below are manually reviewed before payment. Providers must submit paper claims with supporting documentation, such as an operative report, sterilization consent form, etc.

<b>A9507</b>	<b>A9605</b>	<b>19296</b>	<b>19298</b>	<b>36475</b>
<b>36476</b>	<b>36478</b>	<b>36479</b>	<b>58565</b>	<b>58956</b>

VI. Additional Information

Complete descriptions of CPT 2005 procedure codes are in the CPT 2005 book. Complete descriptions of replacement HCPCS procedure codes are in the HCPCS 2005 book. These books may be purchased from Ingenix online at <http://www.ingenixonline.com/> or by calling 1-800-464-3649.

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**DMS-2005-G-1**

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Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.**

*Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:*  
**[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)**